

OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Ves No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	name		
Carter for Council	T		
2. Acronym or Abbreviated Name (if any)	3. Commi	ttee Telephone Number	
	1 ()	
4. Mailing Address (address where all campaign finance соггеspondence is received) ЦС С 13312 Sedgwick Lane	heck If this i	s a new address	
5. City, State, ZIP Code		ffillation (if applicable)	
Carmel, IN 46074	Republi	can	
CANDIDATE INFORMATION (For Candidate's C	ommittee:	s Only)	
7. Full Name of Candidate (Include any nickname)	1 *	ffiliation or If Independen	t Candidate
Carter for Council	Republ	ican	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Count Hamilto	y of Residence	
City Council At-Large	Hallille		
TYPE OF REPORT			N CANDIDATES ONLY
11. Check one:		Check one:	antlan
Pre-Primary X Pre-Election Annual Nomination Other		Pre-Conv	
Final/Disbands Committee (lines 18, 19, and 20 must be '0') Utgoing Treasurer (within 10 days amend Statement of	f Organization)	LI Post-Con	venuon
12, Reporting Period:		COLUMN A	COLUMN B
From: 4/14/07 Through: 10/12/07		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		10,715.49	
14. Cash on hand and investments January 1, current year.			10,715.49
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		2,300.00	2,300.00
15b. Unitemized		117.21	117.21
15c. Add lines 15a and 15b in both columns SUBT	OTAL	2,417.21	2,417.21
	OTAL		
18. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES	VIAL	13,132.70	13,132.70
(Note: These amounts include in-kind expenditures and loan repayments.)		7.546.70	7 546 72
17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized		7,516.73	7,516.73
	TOTAL	7,516.73	7,516.73
18. Cash on hand and investments at close of this reporting period (subtrect 17c from 16 in both columns)	TOTAL	5,615.97	5,615.97
	JOIAL	12,316.02	0,0,0,0
19. Debts OWED BY the committee (use Schedule D)		12121404	
20. Debts OWED TO the committee (use Schedule E)			
TIFICATION		#405.05.00 (Sept. 1995)	OR OFFICE USE ONLY
T OF MY KNOWLEDGE AND BELIEF IT IS T			
THIS I VAA A ALVA	Dat		HARRETON COURTY CO
Iveasurer	Dat		OFEEK
	Jal	1/11/15	ZTIAB YMMAT
for sale or used for any commercial purpose.			
person who fails to file a complete or accurate and may be subject to civil penalties. (IC 3-9	te report as re	equired by the Indiana	THE LINEWALD
and may no subject to drift periodies. No 5-9	, 10,100-07	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BW 74 MW CIA



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER			
Page _	2	of 12	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
"Lester Olds 8930 woodacre lane Indpls, IN 40234	Contributions: Direct In-Kind (describe)	\$ 500 -	•	4/17/07
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			5.luis
2 Douglas Sylvester 14051 Pondview Dr.	Contributions: Direct In-Kind (describe)	\$ 500 -		4/17/07
Carmel, IN 40032	Other Receipts: Interest Loan Misc. (specify)		The state of the s	s.luis
3. WA Ensign	Contributions: Direct in-Kind (describe)	- 001th		4/20/07
Carnel, IN 46033	Other Receipts: Interest Loan Misc. (specify)	4,100		3.luis
4. Mr. & Mrs. Em Tutwiler, III 3526 Carrel, Dr.	Contributions: Direct In-Kind (describe)	\$ 200-		4/20/07
CONTROL, IN 46033 Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)	1 2000		5. lein
Non Townsend 250 N. 1000 E. 27 Duovill, in 46077	Contributions: Direct In-Kind (describe)	#100 -		42407
	Other Receipts: Interest Loan Misc. (specify)		**************************************	5.lelis
Contributor's Occupation (if required)SUBTOTAL	THIS PAGE OF SCHEDULE A	\$1400	高性的特殊等	
TOTAL OF ALL PAGES OF SCHEDULE		\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) **CONTRIBUTIONS BY INDIVIDUALS**

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from Individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an Individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER	
Page _	3	of	12	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Jennifer Thompson	Contributions:			27.42
13510 Dunes Dr. Carmel IN 46032	In-Kind (describe)	16280-		5/107
Carmel, IN 46032	Other Receipts: Interest Loan Misc. (specify)			Sleur
Contributor's Occupation (if required)				
Bruced Artela Breeden	Contributions: Direct In-Kind (describe)			10/11/07
Cournel, in 26032		\$100-		
(COLINO, 12 40002	Other Receipts: Interest Loan Misc. (specify)			5. luis
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required) 5.	Contributions:			
3.	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)		1,200		
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$350		
	M 15a of the Summary Sheet)	\$ 750		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

STRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER			
			."	
Page _	4	of 12		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.010 SOKINOS	Contributions: Direct In-Kind (describe)	\$200 —		4/15/07
Slowy laito Drive sterzo Indpls, IN 46224	Other Receipts: Interest Loan Misc. (specify)			5.leun
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Recelpts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
QUIDTOTAL	THIS PAGE OF SCHEDULE A	\$200		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 200		
(Enter total on ITE	M 15a of the Summary Sheet)	L'		



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE N	IUMBE	R
Page _	5	of	12_

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Recelpts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ ()		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as ioan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUME	ER	
			•	
Page _	le	of	12	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Regions Financial Corp. PAC 417 20th Street North Birmingham, AL 35202	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$250-		6.644
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			A THE STATE OF THE
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
l .	THIS PAGE OF SCHEDULE A	\$250-		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$250		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or pint legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER						
Page	7	of	12			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Cheric Piebes pro City Council 10887 wilmington Dr. Carmel, IN 44033	Contributions: Direct In-Kind (describe) Other Receipts:	#100—	\$100-	5/11/07
Carnel, IN 46033	☐ Interest ☐ Loan ☐ Misc. (specify)			5.luis
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)		,	
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)	Account of the contract of the		
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$100		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$100		



State Form 4606 (R13/11-05)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

TRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUME	ER	
Page	8	of	12	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP codé)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
code A Intil Entertained Burlau Burlau Burlau Northistansh Indph, Intil 46205	t	M Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$460-		427107
Current In Carmel 1804th Rangeline Kd Carmel 1 N 46032		Morect ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: ☐ NewSpaper ac	#1035 —		5/4/07
8426 E. 33 Hd St. 9 Indpls, IN 46226	city wouncil	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$559.68		u z 0 07
Stakeholder, Inc. PO POOX 20897 Indpls, IN 46220	city wunci)	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	B4,541.08		5)9107
mr. Buth 7840 Rockville Rd. Indpls, IN 46214	city council	Direct In-Kind Payment of Debt Returned Contribution Other Purpose	\$74.20		5 3 07
Current In Carmel 15. Rangeline Rd. Carnel, IN 41032	City (ounci)	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	#3 5 15-		6/11/07
code Al conter conald carter 12715 stanwith Carnel, IN 40033	citywinil	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	¥286.20		7/27/07
	SUBTOTAL THIS PA	AGE OF SCHEDULE E	\$1291.73	2	
TOTAL OF ALL P	AGES OF SCHEDULE B ON TI (Enter total on ITEM 17a o	HE LAST PAGE ONL) If the Summary Sheet	\$		



State Form 4806 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

	FILE	NUMBI	ER .	
, 	Qi .		12	
Page	ļ	of	1	

ISTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this provide, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and mittles OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political ammittees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) UST be itemized on this schedule.

	S-100.				•
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (If applicable)	and	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
School Band Boosts	1	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$225-		8 15 07
.	City wuncil	□ Direct □ In-Kind			
		Payment of Debt Returned Contribution Other Purpose:			
de		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:			
de		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
de	•	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution		-	
		☐ Returned Contribution ☐ Other Purpose:			
de		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other			
		□Direct □In-Kind			•
de		Payment of Debt Returned Contribution Other Purpose:			
	SUB TOTAL THI	S PAGE OF SCHEDULE B	\$215		
TOTAL OF ALI (Enter total on	PAGES OF SCHEDULE B O	N THE LAST PAGE ONLY	\$516,73		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER						
	• • •					
Page _	10 12	of				

				Page 10	of
Enter Text of Public Question	PUBLIC QUESTIO	N INFORMATION			
The following distribution					
Type of Question: Statewide Lo	cal				
Position: Supported Opposed		TYPE OF EXPENDITURE	COLUMN A	COLUMNIA	in a fire on agencia
TIEST TENT OF THE THEFT THE TIEST TO STATE TO ST	RECIPIENT'S OCCUPATION	and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code	. ·	☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind			
		☐ Payment of Debt☐ Returned Contribution			
		☐ Other Purpose:			
			·		
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
70.00 m		Returned Contribution			
***		Other Purpose:			
1					
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Code		☐ Direct ☐ !n-Kind			
		Payment of Debt Returned Contribution			
		Other			
		Purpose:	a paragraphic di para		
Code		☐ Direct ☐ In-Kind			
		☐ Payment of Debt☐ Returned Contribution			
		OtherPurpose:	/	,	
			\mathcal{T}		
TOTAL OF ALL BACES	SUBTOTAL THIS PAG OF SCHEDULE C ON THE	į.	\$///		
	or Schedule Con The nter total on ITEM 17a of t		\$ //		



State Form 4606 (RS / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

	FILE	NUMBE	R	
		•	<u>-</u>	
	7	<u>-</u> .	7	<u>-</u> !
Page	<u> 1.</u>	of		

"ISTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this redule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the unmittee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZiP code)	AMOUNT NATURE OF DEBT	DATE DEBT CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD	
Ronald Carter 1311 Ridge Rd.		41.01	6/28/02		
ON MED IN 40033	•	Wan		41.01	
Royald Carter		13,03	7 30 02		
1311 Rick Rd. Carnel IN 40033		lvan	1,00,02	54.04	
Ronald Carter 1311 Ridge Rd.		100,00	32103	154.04	
Carnel, IN 40033		Wan	3/21/03	194,01	
Ronald Carter 1311 Rick Rd.		77.97	3/22/03	232.01	
Carmel, 1 H (10033		lvan			
Ronald Carter 1311 Ride Rd.	•	1350,58	3 24 03	1583.19	
Carmel, 1N 40033		lan		1000.11	
Ronald Ourter 1311 Ridge Rd.		11872	3 27/03	1701.91	
Carmel, IN 40033		Wan	012 100	101.11	
Ronald Carter 1311 Ridge Rd.		569.64		1271.55	
Carmel IN 46033		Wan	4/6/03	10000	
SUB TOTAL THIS PAGE OF SCHEDULE D					
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					



(CFA-4 SCHEDULE D)
Debts Owed by This Committee

State Form 4606 (R8 / 8-97) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1997

reactive agri	FILE	MOMBE	X S S S S S S	
	7			
Page	6	of	_	

INO IRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
(street, number, city, state, ZIP code) RONALO (Arter 1311 Ridk Rd. Carnel, IN LENDERS OCCUPATION: 40033	street, number, city, state, 2th code)	191.81 - Wan	4/11/03		2463.36
Ronald Carter 1311 Ridge Ad. Carnel, My 1833		24.23 Wan	4/13/03		2487.59
LENDERS OCCUPATION:		3337.90 Wan	3/10/95		5825.49
		· ·			4
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENGERS OCCUPATION:					
LENU OCCUPATION:			<u> </u>		1

SUB TOTAL THIS PAGE OF SCHEDULE D

3553.94

TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

	FILE	NUMBE	R	
		• ,		
Page	Ĺ	of	1_	

I UCTIONS: Please type or print legibly IN BLACK INIX all information on this form. For assistance in completing this
scriedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the
committee during the reporting period. Include all amounts owed for or to lending institutions, individuals,
committee during the reporting period. Include at all totals when the mail that the second and t
credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the
name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes
have of at least \$1 000 during the colonies year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (f any) (street, number, city, state, ZIP code)	AMOUNT	INCURRED	DUMULATIVE PAID EAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
(street, number, city, state, ZIP code) PONALD CONTER 1311 Zick Rd COUNLIN 4003 Z LENDERS OCCUPATION		3985.33 loan	4 28 03		9810.82
Ronald Carter		43.92 Lean	6:3103		 19854.74
Ronald Carter		300.87 Wan	5/6/03		10,161 <i>-1</i> 61
Ronald Carter		38.19 Wan	43903	•	10,200.30
ROUNDED COLLECTION		47.32	5 8 03		10,247.62
				•	
ENDERS OCCUPATIONS					
SUB TOTAL THIS PAGE OF SCHEDULE D					4412.13
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					حدد اللح



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTE

(Enter total on ITEM 19 of the Summary Sheet)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions; individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

ar Lanes L. J	ILE NUMBER	
Page	of	

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMOUNT		CIMILATIVE	I OUTS AND IN
CREDITOR'S OR LENDER'S NAME 8. MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	BALANCE TH PERIOD
Ronald Carter	my Campaign	1,749.34	1		,
Ronald Carter 12715 Stanwith Curnel IN 40033	My Campaign Stave PO BOX 594 Jeffersonville, IN 47	21 (000	3/1/07		11996.96
LENDER'S OCCUPATION:	Jeffersonville, IN 9 1	181 0001			
LEHOER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
			- Pro-Lamina de Principa de Pr		
LENDER'S OCCUPATION.					
LENDER'S OCCUPATION.					
LENDER'S OCCUPATION:				<u></u>	1749.34
SUBTOTAL THIS PAGE OF SCHEDULE D TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY					



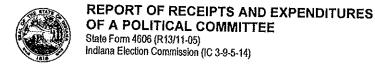
State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit d accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A .der's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page _		of	12	

		• •	, <u> </u>	144	
CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Ronald Carter 12715 Stanwith Carnel, 1446033	OSP Printing 102 W. Carmel C Carmel, M 40032	r.\$286.20 Wan	4/27/07		[2,283.l
Ronald Carter 12715 Stanwich Carmel, 1N 44033	le Peep Carnel, M	32.86 Wan	4/20/07		12.316.0
DER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
.ENDER'S OCCUPATION:					
LENDER'S OCCUPATION					er 100 01
	TATIL AT 111		L THIS PAGE OF		319.ô¢ 12316.67
	TOTAL OF ALL	PAGES OF SCHEDUL. Enter total on	E D ON THE LAS ITEM 19 of the Su		123/6.07



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

"STRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in impleting this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE	NUMBE	ER.	
	10			
Page _	12	of	12	

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(Street, namber, city, State, Zir Code)	(Street, number, city, state, ZIP code)	NATURE OF DEBT	INCORRED	YEAR-TO-DATE	PERIOD
				····	
The state of the s	-		;		
			ļ		
ur qui de la companya					
and the state of t					
			,		
	-				
			,		1
					}
				1	
SUBTOTAL THIS PAGE OF SCHEDULE E					\$
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY					(/)
(Enter total on ITEM 20 of the Summary Sheet)					\$ /